# UTILITY

Attorney Docket No. END-5005NP

PATENT APPLICATION	First Inventor		Robert J. Dunki-Jacobs et al				
TRANSMITTAL			METHODS AND DEVICES FOR DETECTING ABNORMAL				
	Title		TISSUE CELLS				
(only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.		ER 554 942 624 US				
APPLICATION ELEMENTS		ADD	ADDRESSED TO: Mail Stop Patent Application				
See MPEP Chapter 600 concerning utility patent app	lication	Commissioner for Patents P.O. Box 1450					
contents.			Alexandria, VA 22313-1450				
1.  Fee Transmittal Form (e.g., PTO/SB/17)		7. L					
(submit an original and a duplicate for fee processing)  2. Applicant claims small entity status.		Con	Computer Program (Appendix)				
3. Specification [Total Pages41]		8. N	8. Nucleotide and/or Amino Acid Sequence				
(Preferred arrangement set forth below)		Submission (if applicable, all necessary) 🛧 🧮					
<ul> <li>Descriptive Title of the Invention</li> <li>Cross Reference to Related Application</li> </ul>	ations						
- Statement Regarding Fed sponsore		b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or					
- Reference to sequence listing, a tal		i. CD-ROM or CD-R (2 copies); or 600 ii. paper					
computer program listing appendix		c. Statement verifying identity of above copies					
<ul> <li>Background of the Invention</li> <li>Brief Summary of the Invention</li> </ul>			ACCOMPANIVING APPLICATION DADTO				
- Brief Description of the Drawings (ii	f filed)	1 -	9. Assignment Papers (cover sheet & document(s))				
- Detailed Description			10. 37 CFR 3.73(b) Statement Power of Attorney				
<ul> <li>Claim(s)</li> <li>Abstract of the Disclosure</li> </ul>		_ ا	(when there is an assignee)				
- Abstract of the disclosure			English Translation Document (if applicable) Information Disclosure Statement				
4. ☑ Drawing(s)(35 USC 113) [Total Sheets 13]		12.	(IDS)/PTO-1449 ☐Copies of IDS Citations				
5. Oath or Declaration [Total I			13. Preliminary Amendment				
<ul> <li>a. Not executed (original or copy)</li> </ul>		14.∑	14.⊠ Return Receipt Postcard (MPEP 503)				
b. Copy from a prior application (37		15 [	(Should be specifically itemized) 15. ☐ Certified Copy of Priority Document(s)				
(for continuation/divisional with Box 15 i. ☐ DELETION OF INVENTOR(		(if foreign priority is claimed)					
Signed statement attached of		16. Request and Certifications under 35 U.S.C. 122					
inventor(s) named in the prior application,			(b)(2)(B)(i). Applicant must attach form				
see 37 CFR 1.63(d)(2) and 1.33(b).		PTO/SB/35 or its equivalent.					
6. Application Data Sheet. See 37							
18. If a CONTINUING APPLICATION, chec preliminary amendment, or in an Application	k appropriate bo	x and s	upply the requisite information below and in a				
Continuation Divisional Continu	ation-in-Part (	CIP) of	prior application No.: , filed .				
Prior application information: Examiner	Group	Art U	nit:				
For CONTINUATION or DIVISIONAL APP oath or declaration is supplied under Box 5			closure of the prior application, from which an				
			by reference. The incorporation can only be				
relied upon when a portion has been inadv	ertently omitted	d from	the submitted application parts.				
	ORRESPOND						
Customer Number or Bar Code Label	000027777	or 🔲 (	Correspondence Address below				
Name: Philip S. Johnson, Esq. Address: Johnson & Johnson							
One Johnson & Johnson Plaza							
New Brunswick, NJ 08933-7003 USA							
20. TELEPHONE CONTACT							
Please direct all telephone calls or telefaxes to Gerry S. Gressel at:							
Telephone: (513) 337-3295 Fax: (513) 337-8489							
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED							
NAME Gerry S. Gressel / Reg. No. 34,342							
SIGNATURE 11/14/63							
DATE November 14, 200	3	<del></del>	,				

# **FEE TRANSMITTAL**

	Complete if Known			
ı	Application Number			
	Filing Date	November 14, 2003		
·	First Named Inventor	Robert J. Dunki-Jacobs et al.		
	Group Art Unit	Not assigned		
	Examiner Name	Not assigned		
	Attorney Docket Number	END 5005NP		

# **FEE CALCULATION**

# **CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	3 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	3 - 3 =	3	x 86.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
		TOTAL FEES	\$ 770.00	

# **METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/END 5005NP/GSG in the amount of \$770.00.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ END 5005NP/GSG.

	Complete (if applicable)
Typed or Printed Name Gerry S. Gressel	Reg. No. 34,342
Signature 9 Milyly Date: November 14, 2	Deposit Account No. 10-0750